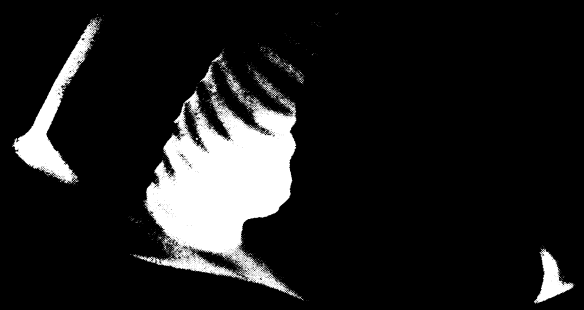
Bactrim™ succeeds

in recurrent urinary tract infections*



from site to source

Bactrim reaches effective levels in urine, serum and renal tissue,[1] to combat infection throughout the urinary tract. The trimethoprim component enters vaginal secretions in therapeutic concentrations,[1] to prevent colonization of bacteria in the periurethral area, probably the major etiologic factor in recurrent UTI.[2,3] And in the fecal flora, Bactrim eradicates Enterobacteriaceae with no resulting emergence of resistant organisms and without adverse effect on the normal intestinal flora.

*due to susceptible *E. coli*, *Klebsiella-Enterobacter*, *Proteus mirabilis*, *P. vulgaris* and *P. morganii*

WYOMING State Medical Society

WSMS Annual Meeting and Scientific Program Schedule

JUNE 22-26, 1981 • JACKSON, WYOMING • AMERICANA SNOW KING HOTEL

MONDAY, JUNE 22

8:00 am

PETER F. KOHLER, MD

Professor of Medicine, Head of Clinical Immunology, University of Colorado School of Medicine, Denver, Colorado

Dr. Kohler will discuss recent developments in the field of clinical immunology and the ramifications for patient care. His talk will include an introduction to immunologic aspects of recurrent infections. He will also discuss immune complex injury in vasculitis and connective tissue disorders.

10:45 am to 12:00 noon

HARMON J. EYRE, MD

Associate Professor of Medicine, Division of Hematology and Oncology, Department of Internal Medicine, University of Utah College of Medicine, Salt Lake City, Utah

Under the sponsorship of the American Cancer Society and the Whedon Cancer Detection Foundation Dr. Eyre will present the current developments and the potential uses of interferon.

TUESDAY, JUNE 23

8:00 am

PETER G. TUTEUR, MD

Associate Professor of Medicine, Pulmonary Disease Division, Washington University School of Medicine, St. Louis, Missouri

Dr. Tuteur will present a discussion of recent developments related to the etiology, diagnosis, prevention and management of toxic shock syndrome. At 9:00 AM Dr. Tuteur will discuss ambulatory therapy for the patient with chronic obstructive pulmonary disease, adult respiratory distress syndrome and the approach to the patient who is wheezing acutely.

11:00 am to 12:00 noon

PANEL DISCUSSION

Present cases of patients with respiratory problems from your practice to the panel of experts. Dr. Tuteur will be joined by the following Wyoming physicians: Darryl Bindschadler, MD, Harmon Davis, MD, Wesley Hiser, MD, and Donald Smith, MD.

WEDNESDAY, JUNE 24

8:00 am to 12:00 noon

JOSEPH B. TRAINER, MD

Clinical Professor of Preventive Medicine and Public Health, University of Oregon Health Sciences Center, Portland, Oregon

Special hazards and rewards of the medical marriage will be Dr. Trainer's subject, including a discussion of special stresses of the physician's life, why we behave like sexual people and the most frequent sexual problems.

1:30 pm

WSMS HOUSE OF DELEGATES OPENING SESSION

THURSDAY, JUNE 25

8:00 am to 12:00 noon

ARTHUR H. HAYES, JR, MD

Commissioner of Food and Drugs, US Food and Drug Administration, Rockville, Maryland

Dr. Hayes will discuss some of the newer chemotherapeutic agents, their monitoring and the ramifications of their use. The morning session will conclude with a presentation by Dr. Hayes on the clinical significance of the dynamics and kinetics of drug-drug interactions.

1:30 pm

WSMS REFERENCE COMMITTEE MEETINGS

FRIDAY JUNE 26

8:00 am

ROBERT BUCKLIN, MD, JD

Deputy Medical Examiner, Los Angeles County, California

Dr. Bucklin's presentation on the medical aspects of the crucifixion of Christ (as disclosed by the Shroud of Turin) will include comments on his 1978 visit to Turin, Italy, and his scientific studies of the cloth.

9:00 am

DAVID N. SUNDWALL, MD

Physician Advisor to US Senate Committee on Labor and Human Resources, Washington, DC

Dr. Sundwall will discuss Reagan Administration health policies and their impact on physicians and the practice of medicine.

10:45 am to 12:00 noon

MAYNARD V. OLSON, PhD

Assistant Professor of Genetics, Washington University School of Medicine, St. Louis, Missouri

DNA and RNA recombination and the future potential impact on the practice of medicine will be discussed in this presentation by Dr. Olson entitled "DNA—The Achilles Heel of the Cell?"

1:30 pm

WSMS HOUSE OF DELEGATES CLOSING SESSION

For program, reservations and information contact:

WYOMING State Medical Society

WYOMING STATE MEDICAL SOCIETY
Post Office Drawer 4009
Cheyenne, WY 82001
Telephone (307) 635-2424

IDAHO MEDICAL ASSOCIATION

89th Annual Meeting

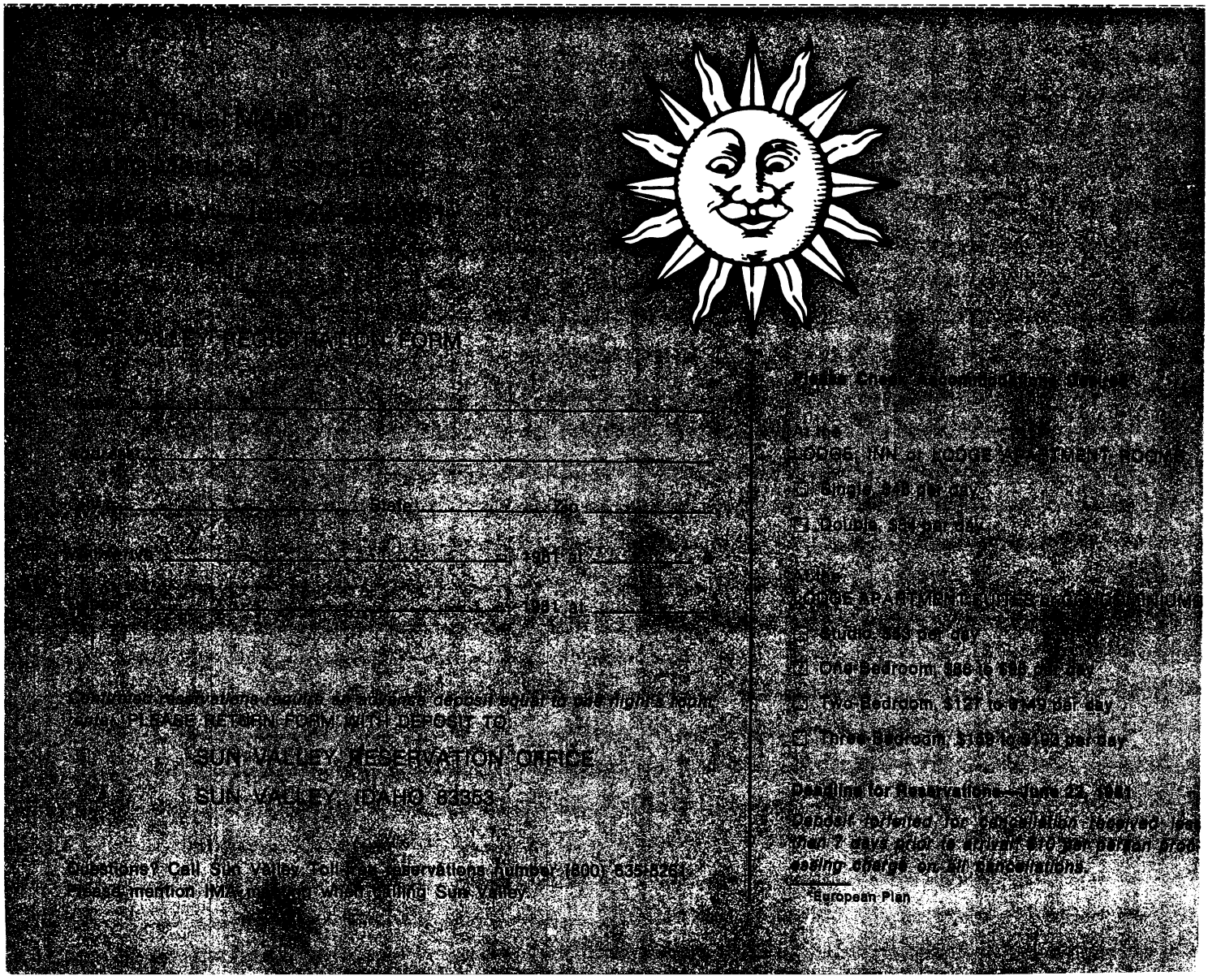
July 22-25, 1981 • Sun Valley, Idaho

AN INVITATION TO SUN VALLEY July 22-25, 1981

An outstanding scientific medical program and beautiful green Sun Valley. This is a combination treat that should tempt all physicians to attend our 89th Annual Meeting of the Idaho Medical Association. Nine credit hours of Category 1 are available.

Attractive social activities for the members of the medical family are available, with golf, a tennis tournament, swimming, cycling, horseback riding, bowling, fishing, trapshooting and much more. We do hope that you will join us.

W. Dyce Thurston, MD
President
Idaho Medical Association



IDAHO MEDICAL ASSOCIATION

IMA

FOUNDED 1893 – INCORPORATED 1967

WEDNESDAY

8:30 am-
5:00 pm HOUSE OF DELEGATES

THURSDAY

MANAGEMENT OF STRESS

8:15 am Introduction
Theodore A. Walters, MD, Chairman
IMA Program Committee

8:30 am Physicians' Personality & Environment, or How We Got That Way
Beverley T. Mead, MD

9:30 am Physiological Effects of Stress
Margaret Chesney, PhD

11:00 am Families Under Stress
Sharon Wegscheider

1:30 pm Stress-Related Behavior: Alcohol and Drugs
Joseph A. Pursch, MD

2:30 pm Identifying Family Roles and Behavior/
What To Do If It Doesn't Work
Sharon Wegscheider

4:00 pm Therapy of Drug Dependence
Joseph A. Pursch, MD

5:00 pm Adjournment

FRIDAY

8:15 am Introduction
Theodore A. Walters, MD

8:30 am Changing Type A Behavior
Margaret Chesney, PhD

9:30 am Avoiding the Pitfalls/Making the Future More Satisfying
Beverley T. Mead, MD

11:00 am Panel Discussion: (Written and Verbal Questions from Audience)
Margaret Chesney, PhD **Joseph A. Pursch, MD**
Beverley T. Mead, MD **Sharon Wegscheider**

12 noon Adjournment

SATURDAY

8:30 am Closing Session, House of Delegates

REGISTRATION FEE $125 FOR NON-IMA MEMBERS AND OUT-OF-STATE PHYSICIANS.

Margaret Chesney, PhD
Director and Senior Health Psychologist
Behavioral Medicine Program
Stanford Research Institute

Beverley T. Mead, MD
Associate Dean and Professor of Psychiatry, Creighton University School of Medicine, Omaha

Joseph A. Pursch, MD
Corporate Medical Director
CareManor Hospital, Orange, CA
Special Assistant to the Navy Surgeon General on Alcoholism

Sharon Wegscheider
President
Onsite Training and Consulting, Inc.
Minneapolis

LIMBITROL® TABLETS Tranquilizer—Antidepressant

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Relief of moderate to severe depression associated with moderate to severe anxiety.

Contraindications: Known hypersensitivity to benzodiazepines or tricyclic antidepressants. Do not use with monoamine oxidase (MAO) inhibitors or within 14 days following discontinuation of MAO inhibitors since hyperpyretic crises, severe convulsions and deaths have occurred with concomitant use; then initiate cautiously, gradually increasing dosage until optimal response is achieved. Contraindicated during acute recovery phase following myocardial infarction.

Warnings: Use with great care in patients with history of urinary retention or angle-closure glaucoma. Severe constipation may occur in patients taking tricyclic antidepressants and anticholinergic-type drugs. Closely supervise cardiovascular patients. (Arrhythmias, sinus tachycardia and prolongation of conduction time reported with use of tricyclic antidepressants, especially high doses. Myocardial infarction and stroke reported with use of this class of drugs.) Caution patients about possible combined effects with alcohol and other CNS depressants and against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving).

Usage in Pregnancy: **Use of minor tranquilizers during the first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Since physical and psychological dependence to chlordiazepoxide have been reported rarely, use caution in administering Limbitrol to addiction-prone individuals or those who might increase dosage; withdrawal symptoms following discontinuation of either component alone have been reported (nausea, headache and malaise for amitriptyline; symptoms [including convulsions] similar to those of barbiturate withdrawal for chlordiazepoxide).

Precautions: Use with caution in patients with a history of seizures, in hyperthyroid patients or those on thyroid medication, and in patients with impaired renal or hepatic function. Because of the possibility of suicide in depressed patients, do not permit easy access to large quantities in these patients. Periodic liver function tests and blood counts are recommended during prolonged treatment. Amitriptyline component may block action of guanethidine or similar antihypertensives. Concomitant use with other psychotropic drugs has not been evaluated: sedative effects may be additive. Discontinue several days before surgery. Limit concomitant administration of ECT to essential treatment. See Warnings for precautions about pregnancy.

Limbitrol should not be taken during the nursing period. Not recommended in children under 12. In the elderly and debilitated, limit to smallest effective dosage to preclude ataxia, oversedation, confusion or anticholinergic effects.

Adverse Reactions: Most frequently reported are those associated with either component alone: drowsiness, dry mouth, constipation, blurred vision, dizziness and bloating. Less frequently occurring reactions include vivid dreams, impotence, tremor, confusion and nasal congestion. Many depressive symptoms including anorexia, fatigue, weakness, restlessness and lethargy have been reported as side effects of both Limbitrol and amitriptyline. Granulocytopenia, jaundice and hepatic dysfunction have been observed rarely.

The following list includes adverse reactions not reported with Limbitrol but requiring consideration because they have been reported with one or both components or closely related drugs:

Cardiovascular: Hypotension, hypertension, tachycardia, palpitations, myocardial infarction, arrhythmias, heart block, stroke.

Psychiatric: Euphoria, apprehension, poor concentration, delusions, hallucinations, hypomania and increased or decreased libido.

Neurologic: Incoordination, ataxia, numbness, tingling and paresthesias of the extremities, extrapyramidal symptoms, syncope, changes in EEG patterns.

Anticholinergic: Disturbance of accommodation, paralytic ileus, urinary retention, dilatation of urinary tract.

Allergic: Skin rash, urticaria, photosensitization, edema of face and tongue, pruritus.

Hematologic: Bone marrow depression including agranulocytosis, eosinophilia, purpura, thrombocytopenia.

Gastrointestinal: Nausea, epigastric distress, vomiting, anorexia, stomatitis, peculiar taste, diarrhea, black tongue.

Endocrine: Testicular swelling and gynecomastia in the male, breast enlargement, galactorrhea and minor menstrual irregularities in the female and elevation and lowering of blood sugar levels.

Other: Headache, weight gain or loss, increased perspiration, urinary frequency, mydriasis, jaundice, alopecia, parotid swelling.

Overdosage: Immediately hospitalize patient suspected of having taken an overdose. Treatment is symptomatic and supportive. I.V. administration of 1 to 3 mg physostigmine salicylate has been reported to reverse the symptoms of amitriptyline poisoning. See complete product information for manifestation and treatment.

Dosage: Individualize according to symptom severity and patient response. Reduce to smallest effective dosage when satisfactory response is obtained. Larger portion of daily dose may be taken at bedtime. Single h.s. dose may suffice for some patients. Lower dosages are recommended for the elderly.

Limbitrol 10-25, initial dosage of three to four tablets daily in divided doses, increased up to six tablets or decreased to two tablets daily as required. Limbitrol 5-12.5, initial dosage of three to four tablets daily in divided doses, for patients who do not tolerate higher doses.

How Supplied: White, film-coated tablets, each containing 10 mg chlordiazepoxide and 25 mg amitriptyline (as the hydrochloride salt) and blue, film-coated tablets, each containing 5 mg chlordiazepoxide and 12.5 mg amitriptyline (as the hydrochloride salt) — bottles of 100 and 500; Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25, and in boxes containing 10 strips of 10; Prescription Paks of 50.

ROCHE®

ROCHE PRODUCTS INC.
Manati, Puerto Rico 00701

Your guide to patient management... when you decide medication is needed

How to initiate and maintain therapy

Select dosage strength appropriate for each patient

☐ Limbitrol 5-12.5 is recommended to minimize drowsiness and for elderly patients

☐ Limbitrol 10-25 may be indicated for patients who tolerate medication without undue side effects

Specify daily dosage based on symptom severity

☐ An initial dosage of three tablets is recommended

☐ Dosage may be increased to six tablets or decreased to two tablets daily as necessary

☐ Once a satisfactory response is obtained, patients should be continued on the smallest dose required to maintain the desired effect

Utilize dosage options to best accommodate individual patient needs

☐ T.I.D. or Q.I.D., familiar regimens most suited for patients who tolerate medication without undue drowsiness

☐ Two tablets one hour before bedtime and one tablet midday may minimize daytime drowsiness and help relieve a common target symptom — insomnia

☐ Entire dosage h.s. to take maximum advantage of the sedative effect

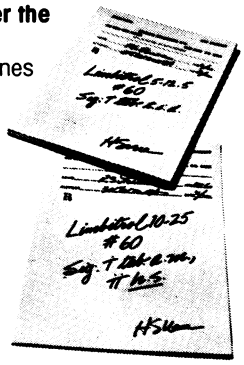
How to make each patient an informed patient

1. Discuss with patients the probability that they will experience drowsiness, especially during the first week.
2. Reassure your patients that drowsiness is one indication that the medication is working and that it may help alleviate their insomnia.
3. Encourage patients to report if drowsiness becomes troublesome so that, if necessary, dosage schedule can be adjusted.
4. Caution patients about the combined effects with alcohol or other CNS depressants. Let them know that the additive effects may produce a harmful level of sedation and CNS depression.
5. Caution patients about activities requiring complete mental alertness, such as operating machinery or driving a car.
6. Warn pregnant patients and patients of childbearing age that the safety of Limbitrol in pregnancy has not yet been established.

Please see complete product disclosure for other pertinent information.

Limbitrol should not be used under the following circumstances:

1. Hypersensitivity to benzodiazepines or tricyclic antidepressants.
2. Concomitantly with an MAO inhibitor. To replace an MAO inhibitor with Limbitrol, discontinue MAO inhibitor for a minimum of 14 days before cautiously initiating Limbitrol therapy.
3. During the acute recovery phase following myocardial infarction.



In moderate depression and anxiety

Limbitrol® IV

Relief without a phenothiazine


symptoms...
Limbitrol®
Tablets 5-12.5 each containing 5 mg chlordiazepoxide and 12.5 mg amitriptyline
(as the hydrochloride salt)
Tablets 10-25 each containing 10 mg chlordiazepoxide and 25 mg amitriptyline
(as the hydrochloride salt)
Please see summary of product